

## HOME AND COMMUNITY BASED CARE WAIVERS: ELDERLY AND DISABLED WAIVER

Page 12-40

Four alternative services are provided under this waiver to elderly and disabled individuals who are eligible for institutional placement under the Medicaid Program. To receive the services under the Elderly and Disabled Waiver, individuals must meet the waiver's target population. The target population includes those individuals who (1) meet the nursing facility level of care criteria (i.e., they are functionally dependent and require medical and nursing supervision of care), (2) are determined to be at risk of nursing facility placement and for whom community-based care services under the waiver are the critical services that enable the individual to remain at home rather than being placed in a nursing facility. Community-based care services under the waiver cannot be offered to individuals unless it can reasonably be expected that the individual would, without those services, enter a nursing facility within one month. Provision of home and community-based care must be determined by a Pre-Admission Screening Team to be a medically appropriate, cost-effective alternative to institutionalized care. Individuals may not receive services under any other home and community-based waiver while receiving services under this waiver. The waiver year runs concurrently with the state fiscal year.

	Personal Care	Adult Day Health Care	Respite Care	Personal Emergency Response System (PERS)	Medication Monitoring
<b>Effective Date</b>	November, 1982	July 1989	July, 1989	July 2002	February 2003
<b>Covered Services</b>	Services of Personal Care Aides who assist with the recipient's activities of daily living such as bathing, dressing, transferring, ambulating and meal preparation.	Services offered to recipients in a congregate daytime setting where a group of professionals and aides provide personal care, socialization, nursing, rehabilitation, and transportation services	Reimbursement for aides or LPNs who perform personal care type activities. This service differs from Personal Care in that the focus is on the need of the caregiver for a break rather than the need of a recipient for continuous care. Services are limited to 720 hours per calendar year.	An electronic device that enables certain recipients at high risk of institutionalization to secure help in an emergency through the provision of a two-way voice communication system that dials a 24-hour response or monitoring center upon activation and via the recipient's home telephone line.	An electronic device that enables certain recipients at high risk of institutionalization to be reminded to take their medications at the correct dosages and times.
<b>Excluded Services</b>	<ul style="list-style-type: none"> <li>Transportation services.</li> <li>Skilled services requiring professional skills or invasive therapies.</li> <li>Services provided to other members of the household</li> </ul>	Skilled services requiring professional skills or invasive therapies.	<ul style="list-style-type: none"> <li>Transportation services.</li> <li>Skilled services requiring professional skills or invasive therapies.</li> <li>Services provided to other members of the household</li> </ul>	A recipient cannot receive supervision hours on the plan of care.	
<b>Pre-screening and Authorization</b>	Pre-Screening completed by a Pre-admission Screening Team. WVMI began conducting preauthorization for this Waiver in April 2001.	Pre-Screening completed by a Pre-admission Screening Team. WVMI began conducting preauthorization for this Waiver in April 2001.	Pre-Screening completed by a Pre-admission Screening Team. WVMI began conducting preauthorization for this Waiver in April 2001.	Pre-Screening completed by a Pre-admission Screening Team. WVMI began conducting preauthorization for this Waiver in July 2002.	Pre-Screening completed by a Pre-admission Screening Team. A recipient must have the PERS unit also to qualify for this unit.

Continued

**HOME AND COMMUNITY BASED CARE WAIVERS:  
ELDERLY AND DISABLED WAIVER (CONTINUED)**

Page 12-41

	<b>Personal Care</b>	<b>Adult Day Health Care</b>	<b>Respite Care</b>	<b>Personal Emergency Response System (PERS)</b>	<b>Medication Monitoring</b>
<b>Billing</b>	Payment is made for the number of hours that the aide provided care during a calendar month based on an hourly reimbursement rate.	Providers bill on a monthly basis using procedure codes to indicate the type of service provided. Reimbursements are made for the number of days that the recipient attended the adult day health care center based on a per-diem reimbursement rate. A day is defined as 6 hours or more. Attendance of less than 6 hours must be billed as ½ day.	Providers bill on a monthly basis using procedure codes to indicate the type of service provided. Reimbursement is made for the number of hours the recipient received respite care. Reimbursement is on an hourly basis.	Providers bill on a monthly basis using procedure codes to indicate the type of service provided. Reimbursements are for the installation and the monthly monitoring. A separate billing code is used for each item.	Providers bill on a monthly basis using procedure codes to indicate the type of service provided. Reimbursements are for the installation and the monthly monitoring. A separate billing code is used for each item.
<b>Current Rates</b>	Northern Virginia \$13.38/hour Rest of State \$11.36/hour	Northern Virginia \$47.25/day Rest of State \$43.05/day Transportation: \$2.00 per trip	Hourly Aide: Northern Virginia \$13.38/hour Rest of State \$11.36/hour Hourly LPN: Northern Virginia \$26.00/hour Rest of State \$21.45/hour	Installation: Northern Virginia \$59.00 Rest of State \$50.00 Monthly Monitoring: Northern Virginia \$35.40 Rest of State \$30.00	Installation: Northern Virginia \$88.50 Rest of State \$75.00 Monthly Monitoring: Northern Virginia \$59.00 Rest of State \$50.00

**HOME AND COMMUNITY BASED CARE WAIVERS:  
ELDERLY AND DISABLED WAIVER (CONTINUED)**

Page 12-42

**Recipient Data:**

	<b>Personal Care Services</b>			<b>Adult Day Health Care</b>			<b>Respite Care Services</b>		
<b>Year</b>	<b>Number of Recipients</b>	<b>Payments</b>	<b>Cost per Recipient</b>	<b>Number of Recipients</b>	<b>Payments</b>	<b>Cost per Recipient</b>	<b>Number of Recipients</b>	<b>Payments</b>	<b>Cost per Recipient</b>
1983	75	\$89,330	\$1,191						
1984	701	1,397,702	2,439						
1985	1,736	4,847,720	3,275						
1986	3,102	10,293,903	3,569						
1987	4,038	15,273,992	3,782						
1988	4,208	16,682,584	3,964						
1989	4,348	19,479,239	4,480						
1990	5,040	22,869,979	4,538	21	\$23,918	\$1,139	12	\$5,792	\$527
1991	5,938	29,070,744	4,896	105	265,748	2,530	47	56,900	1,210
1992	7,505	39,668,979	5,286	207	614,409	2,968	70	67,704	967
1993	8,118	48,288,583	5,948	223	692,988	3,108	86	74,773	869
1994	8,434	52,188,104	6,188	268	777,925	2,903	132	146,677	1,111
1995	9,314	60,833,000	6,531	333	994,272	2,986	252	407,615	1,618
1996	9,926	73,577,697	7,413	407	1,358,291	3,337	497	765,897	1,541
1997	10,695	82,398,669	7,704	433	1,524,090	3,520	706	824,164	1,167
1998	10,579	82,409,733	7,790	418	1,515,948	3,627	821	914,918	1,114
1999	10,252	77,634,094	7,573	440	1,962,358	4,460	714	776,642	1,088
2000	9,819	80,646,766	8,213	483	2,494,757	5,165	729	902,673	1,283
2001	9,316	84,039,347	9,021	473	2,562,469	5,418	893	1,395,997	1,563
2002	9,223	84,371,076	9,148	513	2,707,527	5,278	1,353	3,098,046	2,290
2003	9,615	89,744,964	9,334	577	2,830,322	4,905	2,156	6,029,100	2,796

Continued

	<b>PERS</b>			<b>Medication Monitoring</b>		
<b>Year</b>	<b>Number of Recipients</b>	<b>Payments</b>	<b>Cost per Recipient</b>	<b>Number of Recipients</b>	<b>Payments</b>	<b>Cost per Recipient</b>
2002	2	170	85			
2003	194	25,118	129	0	0	0

# HOME AND COMMUNITY BASED CARE WAIVERS: ELDERLY AND DISABLED WAIVER (CONTINUED)

Page 12-43

## Number of Providers:

Year	Personal Care Services	Adult Day Health Care	Respite Care Services	Personal Emergency Response System (PERS)	Medication Monitoring
1985	88				
1986	113				
1987	131				
1988	136				
1989	140				
1990	145	11	15		
1991	148	19	23		
1992	160	27	30		
1993	174	27	42		
1994	196	30	46		
1995	214	33	76		
1996	244	37	114		
1997	272	41	211		
1998	263	39	181		
1999	301	55	230		
2000	246	43	190		
2001	261	55	212		
2002	279	57	227	10	
2003	286	56	240	19	19

**Personal Care Agencies:** Those agencies approved by the Provider Enrollment Unit prior to their becoming a Medicaid provider and who have a current contract with DMAS

**Adult Day Health Care:** Agencies licensed as an Adult Day Care Center by the Virginia Department of Social Services and approved by the Provider Enrollment Unit prior to their becoming a Medicaid provider and who have a current contract with DMAS.

**Respite Care:** Same as Personal Care providers. However, Personal Care providers must have a separate contract with DMAS to furnish Respite Care services.

**Personal Emergency Response System:** A certified home health or personal care agency, a Durable Medical Equipment (DME) provider, a hospital, or a PERS manufacturer. Must be currently enrolled with Medicaid as a MDE provider.

**Medication Monitoring:** A certified home health or personal care agency, a Durable Medical Equipment (DME) provider, a hospital, or a Medication Monitor manufacturer. Must be currently enrolled with Medicaid as a MDE provider.

## Sources:

- (1) DMAS Long Term Care Division, Home and Community-Based Care Waivers fact sheet
- (2) Number of Providers from Provider Enrollment/Provider Class Type Statistics
- (3) Recipient data from HCFA 372 Report series, "Annual Report on Home Community Based Waivers"
- (4) Elderly and Disabled Waiver Services Manual

File: e&d-wvr-03.doc  
Date: February 2004  
Originator: Jeff Beard